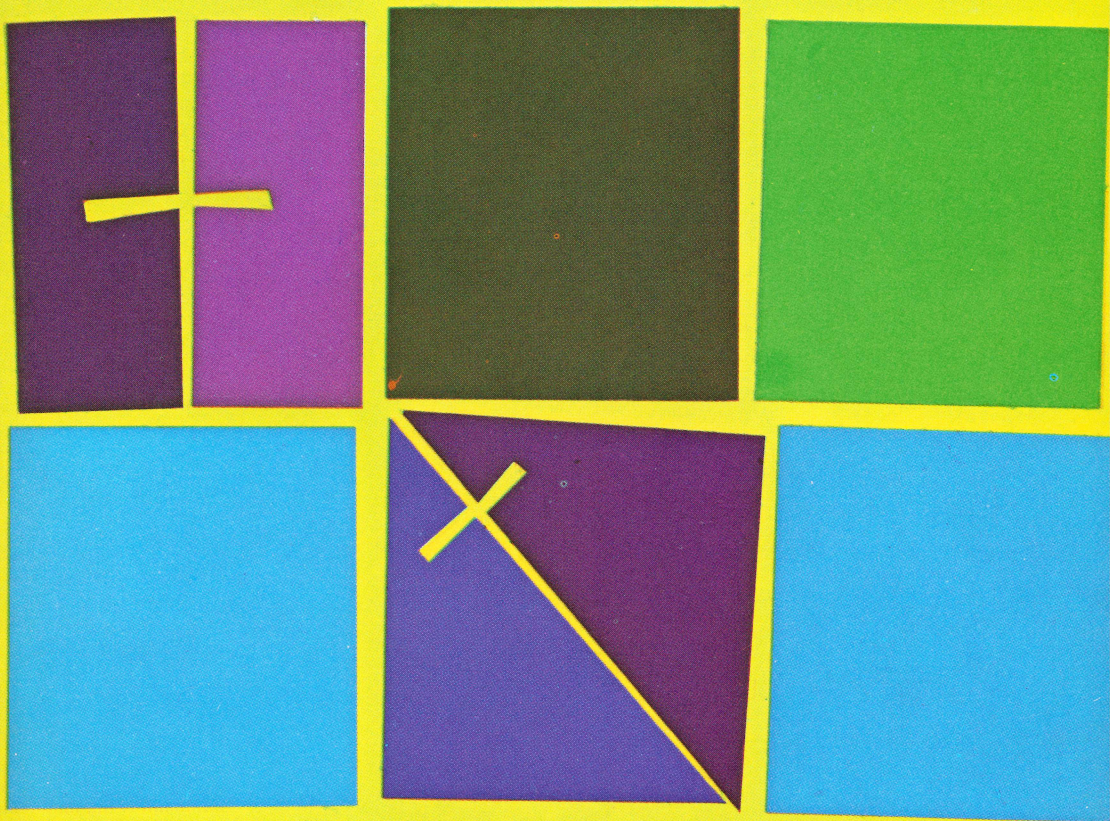
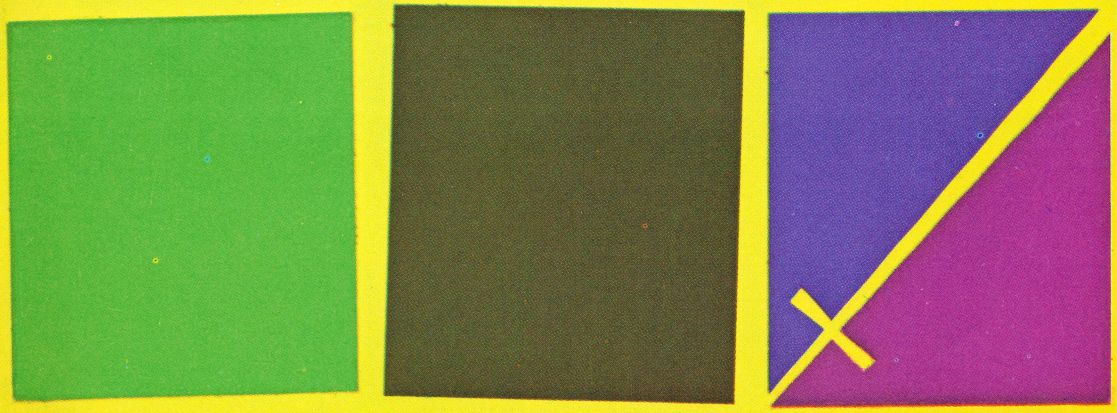
medical missionary

MAY-JUNE, 1967



LISTENING and RECONCILIATION as HEALING



medical missionary

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LISTENING AS HEALING ..... 66 by Sister M. Luke, M.D.
THE COLD HARD FACTS ..... 74 by Sister M. Paul, M.D.
ACCEPTING ANOTHER'S NOW ..... 77 by Sister M. Patrice
SAVED! ..... 84 by Sister Sheila Marie
PEACE BE TO THIS HOUSE ..... 86 by Sister M. Francine
POSTMARKED FROM OUR HOUSES 88
HIGHLIGHTS AND INSIGHTS 95

Nurses' training program at Holy Family Hospital, Karachi, West Pakistan, open door to intercultural exchange.

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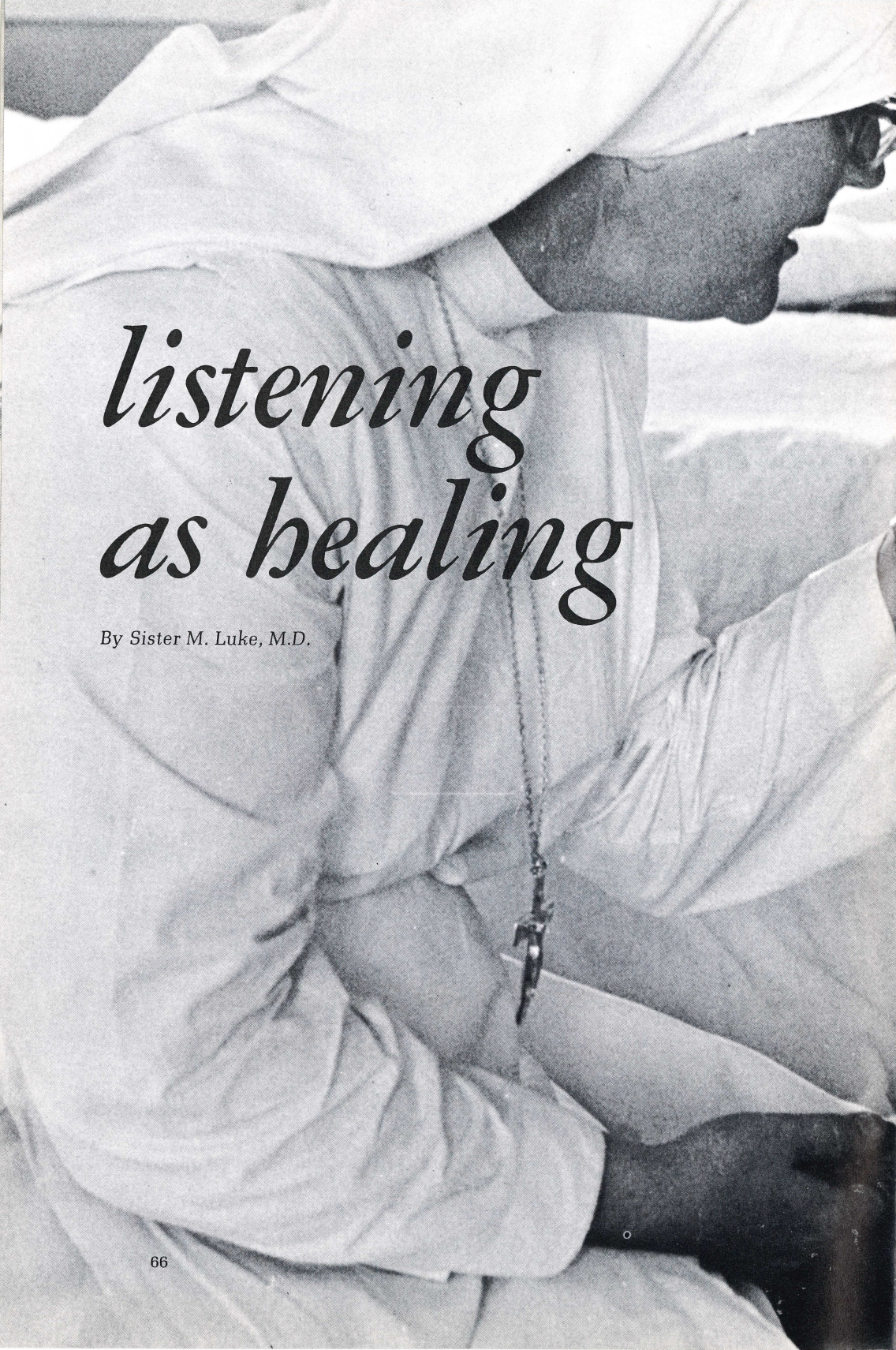


listening as healing

By Sister M. Luke, M.D.

Sister Karen and child, Quinhon, So. Vietnam.

In this pragmatic age, what is the place of psychosomatic medicine in developing countries? Is it a luxury practice, or is it something that necessarily accompanies urbanization and industrialization, its need increasing as man increasingly masters his environment?

Are we correct in chiding the modern urbanized woman for her "imagined" ills while praising her country cousin for her endurance of "real" ills? If so, we have done a grave injustice to both.

Mary Tudor's pseudocyesis (imaginary pregnancy) has its counterpart in the middle-aged village woman with similar complaints who has lost all her children. The 14-year-old village girl with hysterical paralysis has her city counterpart in the woman with chronic abdominal pain unrelieved by multiple operations. Anxieties and tensions are shared by all men, healed and healer alike. There are no financial, racial, religious or age barriers. There is no immunity.

In a sense all medicine is psychosomatic, embracing the mind (psyche) and the body (soma). But for purposes of emphasis and study, man has specialized into physician and psychiatrist, leaving the elusive soul to the priest or minister and related problems to various subspecialties, all too often at the expense of the "person."

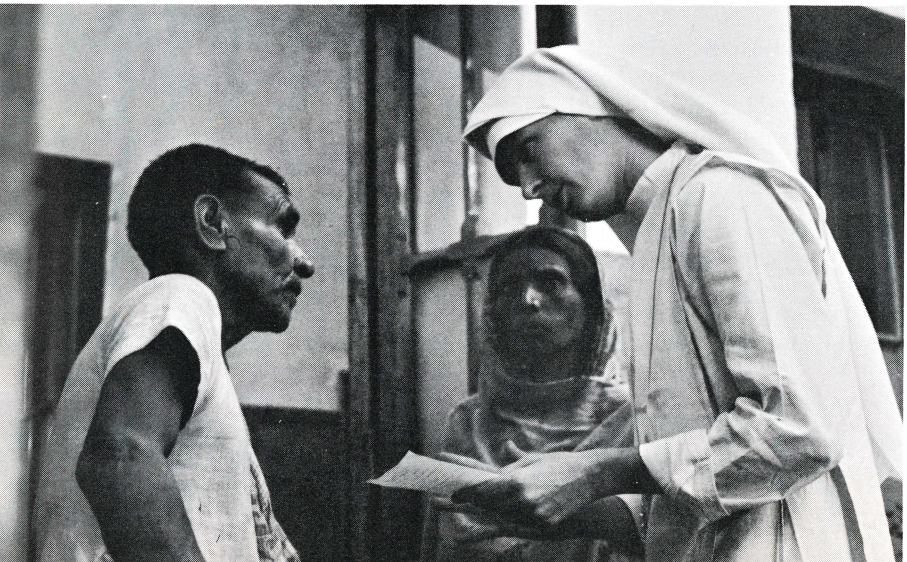
As a specialty, psychosomatic medicine deals more specifically with those physical aberrations which can be brought about by psychological or ill defined causes. Not infrequently conflicts and reactions of the mind are mirrored in the body, e.g., the increased pulse rate of anger, the tremors of fright, the dry mouth of fear and the tears of anguish. When these tensions are prolonged they are capable of producing physical signs. Some relief may be brought about by attention to these signs, but a permanent cure can only be effected by treating the underlying cause as well.

In like manner, bodily afflictions in turn have an influence on the mind and the spirit. Serious heart disease in the young child, the young mother, the breadwinner of a family or the elderly retired executive, present vastly different problems in spite of their common physical pathology. The physician must listen with more than a stethoscope applied to the heart.

The elastic cohesion of mind, body, soul and environment means that a disturbance of any part or faculty results in the disturbance of the whole. The shock absorbing property of this elasticity allows for impact, recoil and diffusion. Man is "affected" and likewise "effects."

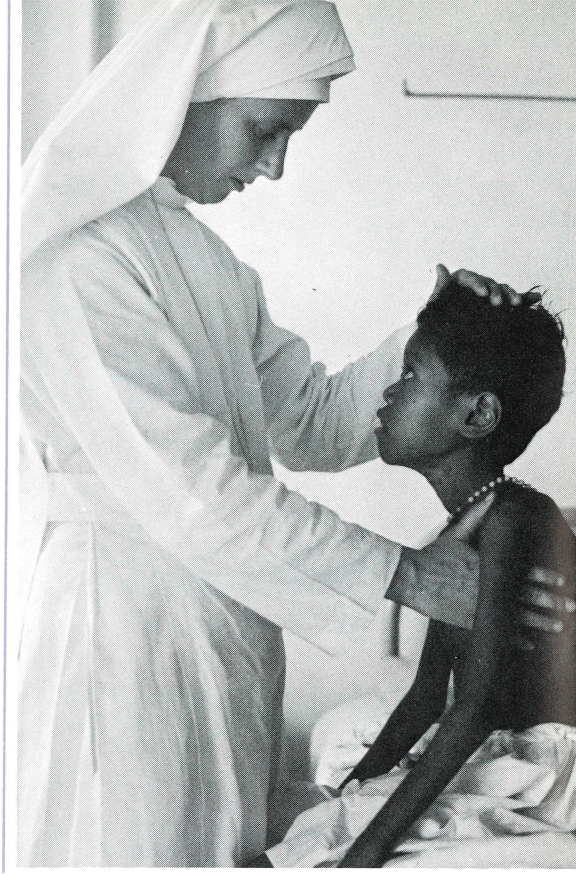
Sister Loyola, Dacca, East Pakistan.

Sister Martin, Karachi, West Pakistan.



Sister Pascal, Mandar, India.

Sister Christine, M.D., and Sister Lourdes, house call in Dacca, East Pakistan.



Sister Teresita, Mymensingh,

In this day of rapid communications and telescoped distances, there is an increased awareness of how "the other half" lives. We find ourselves responding as a "group" to the "masses"—the "haves" to the "have nots."

Because the problems we see are as extensive as outer space and as terrible as the atom bomb, "I" can no longer cope with them alone, and "we" or the group cling together to solve these staggering needs.

There is much evidence of a need and place for broad overall plans and projects. Secular governments are assuming these burdens more and more. But needs are felt one by one. Therefore we must be always mindful of the "I" responding to the needs of the person. I can feel regret for the thousands who will die of hunger, but I am in anguish when I encounter the one who will die. Thousands dying claim my notice, but the one in my arms claims me.

Who is this "person" who needs me? He is like unto me with a body, mind and soul in need of healing, compartmentalized the better to be studied by our finite minds, but understood only as a whole. In reality we cannot isolate the person himself from his family or his community, for it is in relationship to society that man is defined. Lasting and complete

East Pakistan. Sister Jacinta, Mandar, India.

cure can only be effected by taking into account these reciprocal relationships and by recognition of myriads of conscious and unconscious reactions in each and every one of us. Yes, there are incurable diseases, incurable tumors, but there should be no incurable person. None of us is without needs. We are products of our time and as such we heal and are healed.

In the Old Testament healing was a dispensation given to a few elect —God Himself, the healer, or the angels or, rarely, the prophets. Disease and death were looked upon as direct punishments from God for sin. Cure was effected through obedience to the commandments of God. Then Christ became man to conquer death, to become the Divine Physician who heals the wounds of sin. The needs that Christ saw were not unlike what one sees in the world today — epidemics, leprosy, blindness, fevers, poverty, hunger, mental anguish, the lonely widow, the bereaved father, the guilty sinner, the ostracized prostitute.

Christ went about healing minds, bodies, souls to prepare people for the Kingdom of God. The Gospels are filled with accounts of how He met the needs of the poor, the weak, the rich, the powerful, the popular, the abandoned. He wept over the

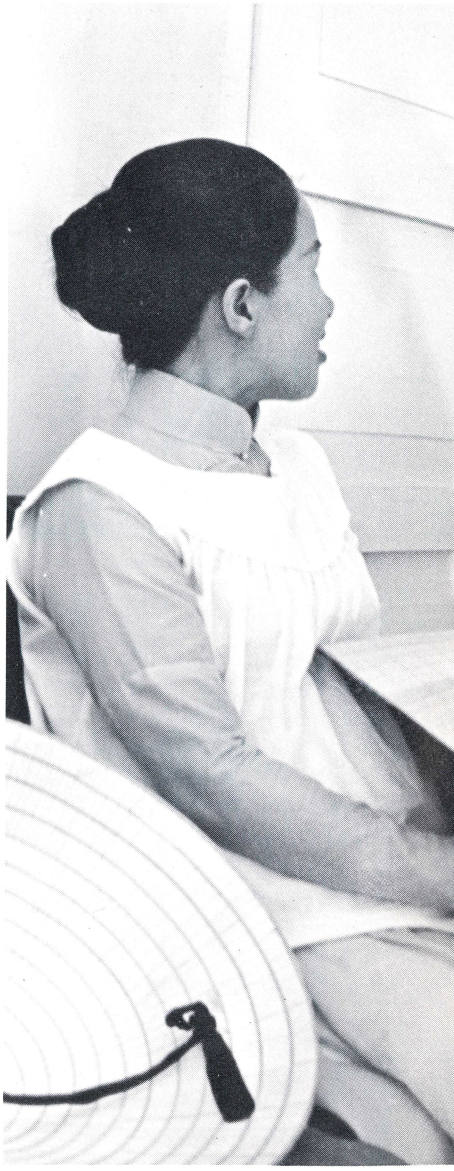
death of Lazarus then returned him to life. He wept over the destruction of Jerusalem and assented to history. He responded to the masses when He fed 5000, but for the most part He responded to individual needs . . . to the only son of a poor widow, to the trusted servant of the rich centurian, to the beloved daughter of Jairus.

He met their needs of body, mind and spirit, responding to the whole man. The lame walk, the blind see, the devils are cast out, but more than that, the sins of the paralytic are forgiven before he is given the command to take up his bed and walk. The woman taken in adultery is rescued that she may sin no more.

Christ instructed His followers to carry on this healing, saving apostolate. He sent forth His disciples to heal the sick and to preach the kingdom of God. He could read men's hearts but preferred to listen to their lips. Cure was had for the asking. He was there to listen. Our own response must be such as this — Christocentric—Christ responding to the masses, Christ responding wholly to the individual person.

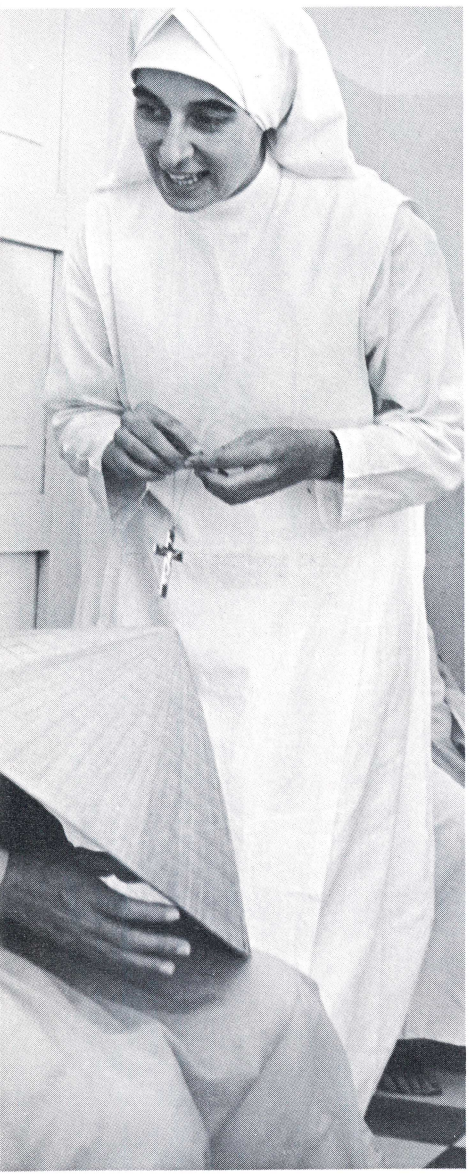
The good Samaritan shows love of neighbor as a response to need. We must love our neighbor as ourselves, responding to his needs as to our own. Yet following this account Martha is rebuked for her overinvolvement with serving the physical

(continued on page 80)



Sister Marguerite,
Quinhon,
So. Vietnam.

that this man's becoming might alter what you are.



Sister Consuelo,
Rawalpindi,
West Pakistan.

Sister Paul (author). Presently at Philadelphia General Hospital as resident in internal medicine.

THE COLD HARD FACTS...

but the patient is warm and real

By Sister M. Paul, M.D.

I was hurrying to the medical clinic in one of our big city hospitals, already late for my appointments. Instead of preparing myself for the three patients who were waiting to see me, a woman lying deadly sick in the ward was claiming all my thoughts. She was 43 years old, suffering from severe hypertension secondary to bilateral renal disease.

"What are you planning for that woman?" one of the consultants had just asked me over the phone. I knew well the answer, and recalled all the events that had led to the decision. "Doctor, after a complete review of the case, it was the unanimous decision of all the consultants, internists, renologists, surgeons and radiologists at the weekly medical conference that nothing further could be done for this woman." Those were the cold, hard facts. But as any doctor knows, the patient behind the facts is warm and real, and not so easily dismissed. I continued to ask myself throughout the day, had we perhaps forgotten to bring to light even a minor fact that could have meant for this woman life rather than death?

By this time I was sitting in the clinic before a 52-year-old woman. "Sorry to have made you wait so long, Mrs. Wilson," I said, glancing at her chart. "Oh, Doctor," she replied, "it does not matter, as long as you are here. I had planned my whole day for this moment." That did the trick! I relaxed, sat back in my chair, and gave her my undivided attention.

In the few minutes that followed, we talked about the medical problem that was bringing her to me. I took time too to discuss the house in which she is living alone. "Maybe it would be better to think of selling now and going to a smaller apartment." I listened to how she had solved her problem with young boys of the neighborhood. "Simple. I buy

A village woman in India, a patient who is warm and real to Sister Paul. ▶

a bag of apples every so often and distribute the fruit to the boys. This has made us friends."

No doubt my patient upstairs in the ward was in a more serious condition than this woman, yet both had something in common. Each of them needed to have someone concerned about her as a person, not as an isolated individual, but as an integral part of a social nucleus. The disease impairing their capacity to cope with life as they had done before was not producing its effects only on the mechanics of a body, but was affecting deeply a person belonging to a definite social unit. My role as physician was to find out in what way this person needed my help, as well as the help of my co-workers in the paramedical fields. My role was to initiate their work.

It was through the efforts of our social worker that later during the day a phone call came from the Red Cross, inquiring about the diagnosis and prognosis of the disease of my critically ill patient, Mrs. Pierce. They were requesting certification of my recommendation to recall the woman's son, Peter, on duty with the armed forces overseas. "Is there any hope of her recovery? How much time do you think we have ahead of us?"

"Yes, the son should return as soon as possible," I insisted. "We have no way of knowing whether his mother will survive a week, two weeks, or only a few days."

On rounds, the head nurse said to me, "Mrs. Alsop's husband died suddenly yesterday afternoon. Her daughter was here last night and asked for you." Immediately, I was deeply involved in the intimate problems of another family.

"Of course, the patient was told of her husband's death," I inquired. "No," the head nurse answered. "She doesn't know yet. Her daughter, Irene, was anxious to know when you would be here today. She's quite upset. She does not want to be the one to break the news."

"Why have they waited," I asked myself. "This woman is quite ill. Suppose she finds out haphazardly. Anyway, someone has to tell her. Obviously the finger is pointing at me." A phone call from the daughter made it very clear. "Will you tell her, Doctor? Someone has to tell her. Here is what happened."

We agreed to meet in a few hours. I would break the news. "Yes, it did happen, suddenly. No, you cannot go home now. You know that you are not able to stand on your tired legs." "God gave him to me and he took him away. I can hardly believe it."

The family now had an open door. The next few hours would be difficult, the months ahead worse, for the patient would have to return to an empty apartment. Yet the moral support given to her and to her relatives in their time of need will have helped greatly.

We could go on and on reviewing problems of this nature, problems clearly indicating that a doctor's day is filled with opportunities for becoming truly involved with the people he serves.

For those of us engaged primarily in the practice of medicine in less developed countries, the obstacle to "total care" may often stem from the relative need of seeing more patients than one can properly minister to in the full sense. If our medical mission apostolate is to be not merely work but truly a mission of healing, we must keep on trying to create a climate where, to quote Dr. William J. Nute of the Christian Medical Council, we will be able "to relate to a patient as a *person*."

Sister Patrice (author) in the nursery at Coromoto Hospital, Maracaibo, Venezuela.

ACCEPTING ANOTHER'S NOW

By Sister M. Patrice

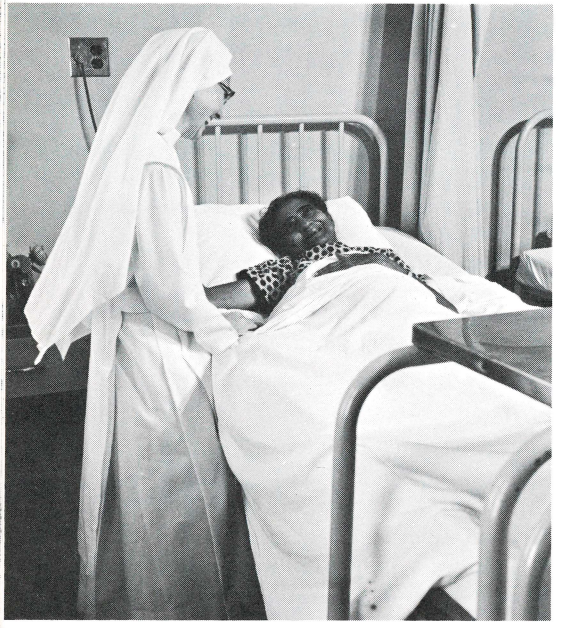
Listening—a deep awareness of others, warmth freeing them to fully become, such an integral part of the true Christian's life as to be essential to it, both for himself and for the other. I experienced this as a living reality in my involvement with Carlos and Tomas.

Carlos had been hospitalized for several days when he asked me to visit him. As soon as there was a pause in the day's occupations, I made the first of many visits to his room. We had met, the two of us, some six months previous, when he was admitted for examinations and pelvic traction. He had been so full of life, so full of love for his wife and two young children. But this time it was different. Carlos, strong, self-sufficient, kind, was now an angry young man. There were fears of all kinds . . . fear of the possibility of being bedridden for the rest of his life; fear for his position, for the well-being of his family; fear of the imminent surgery that would decide his whole future. He would rather die than be crippled for the rest of his days.

The staff tended to leave him alone as he was not in need of physical care, not yet. Besides he was critical of the routine procedures inherent in present day hospital life. So I made a special effort to visit him often.

"Sister, I am frightened to death of pain. I know I cannot take it" . . .

It takes but a minute to check new admissions, to see who might be in need of a little extra attention.



this from Carlos, the strong; "and," he was adding without words, "I don't want anyone to see this in me."

So I listened, encouraged him with stories of other young men who had had to face this type of surgery and were well and strong today. The pain could be borne, I assured him, but not in anticipation. There were drugs available to relieve post-operative pain. I told him too that as supervisor of the operating room I would be right there during the surgery, and he was glad. As I left him, I couldn't help but think that there were many things to be strengthened in him before he could face the operation with peace of mind, but a start had been made. Somehow he had discovered in me a strength that even I had never guessed existed. It was enough for both of us. Strange how I, the weaker one, should be called upon to be the strength of the strong.

There were many tests and consultations before the day of the scheduled operation finally arrived. I personally went to his room with the stretcher to bring him to the operating suite. How many times during the past week had I traveled this path to his room, feeling the confidence flowing through me as from an endless fountain. Today the forceful torrent was little more than a trickling stream of hope and faith. Somehow this operation was not happening only to him. I discovered a smile of confidence in my store and wore it, calling forth from him a nervous half smile, and I understood its price. This was the day we had worked toward together.

After the operation, I went to tell his wife who was waiting outside the operating room that all was well. She burst into tears. After a hug, coffee, listening, reassurance, she was brave again. I went back to Carlos.

It is a bright moment in this old woman's day when Sister Patrice stops in to visit.

That afternoon Carlos slept fitfully. The next day I asked him to do me a favor. Would he use his pain to get a friend who was in critical condition following an accident back on his feet? Carlos agreed, and every day he would ask me for news of the progress of the other patient with genuine concern in his eyes.

Pain . . . frustration . . . tears . . . a wheelchair . . . courage . . . and eventually, Carlos was well. He had *become* so much since entering the hospital that the actual fact of the operation lost much of its blinding significance before the softer light of opportunity well used.

Some time after he was discharged, his special nurse and I were recalling to mind the experience of Carlos. "Sister, did you know that he had had only one injection for pain following that painful operation?" I didn't have to answer. She could see in my expression of astonishment, the joy and gratitude that filled me to overflowing. I had witnessed the freshness of rebirth and healing.

Listening means to hear the cry of another before he has formed the words. It is seeing him in his becoming and accepting his now, leaving him free to grow at his own pace as the Spirit leads him.

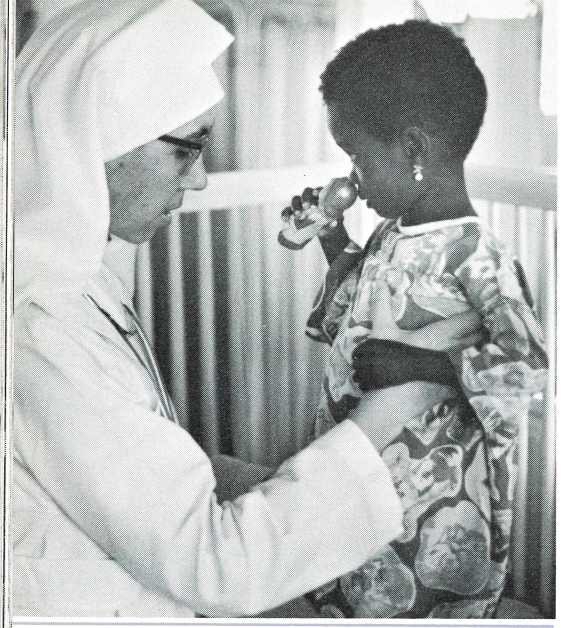
How does one approach the alcoholic? His problem is glaring to many, yet he himself cannot see that he has a problem. What does one do for his wife who says that she can endure no more—this at a time when he needs her more than ever. Is there anyone on earth as lonely as the alcoholic who lives in a hazy world of unreality?

Tom was down. This was his third hospitalization, and I knew that it would not be his last. This time his problem was complicated by the heart attack which was a surprise even to him. He had been here five days when the news of his admission reached me. As I approached his bed I could see that he was indeed in the depths of remorse. Knowing that he was most vulnerable at this time to suggestions, I told him of a friend who had a similar problem. "This man would love to talk to you. He may be able to help you if you agree to a visit," I told him. So Tom met Alcoholics Anonymous.

It was an uphill battle with mutual discoveries along the way. There were many visits from our friend from Alcoholics Anonymous, many attempts to really meet this man Tom who had lost his way. There were encounters with Tom's wife who needed someone to tell her that this winter would indeed not last forever, that spring would be the more welcome because the waiting had been long and hard.

Today Tomas is working closely with Alcoholics Anonymous. His family is united more closely for having suffered so. Tomas was lucky and he knew it. It had not been his lot to go to the bottom of skid row with loss of family, friends, position because, is it simplifying it too much to say, there had been someone who had cared enough to listen, who had cared enough to risk their friendship at the mere mention of the word that gave his problem a name.

One of the greatest joys of my life occurred that day, many weeks later, when Tomas appeared unannounced and unexpected in the lobby, and asked to see me. He could fall again in the future, but he knew now where to turn for help. He had found his way. We both rejoiced. I often remember Tomas when I think of the need that we have, each of us, for one another. We have to take risks at times, even die a little ourselves in order that the other might live more fully.



Sister Fernande,
Berekum, Ghana.

Sister Bernadette,
Rawalpindi,
West Pakistan.

Sister Sheila Marie,
Quinhon,
So. Vietnam.

To listen is to love
to discover beneath the crust

listening as healing

(continued from page 73)

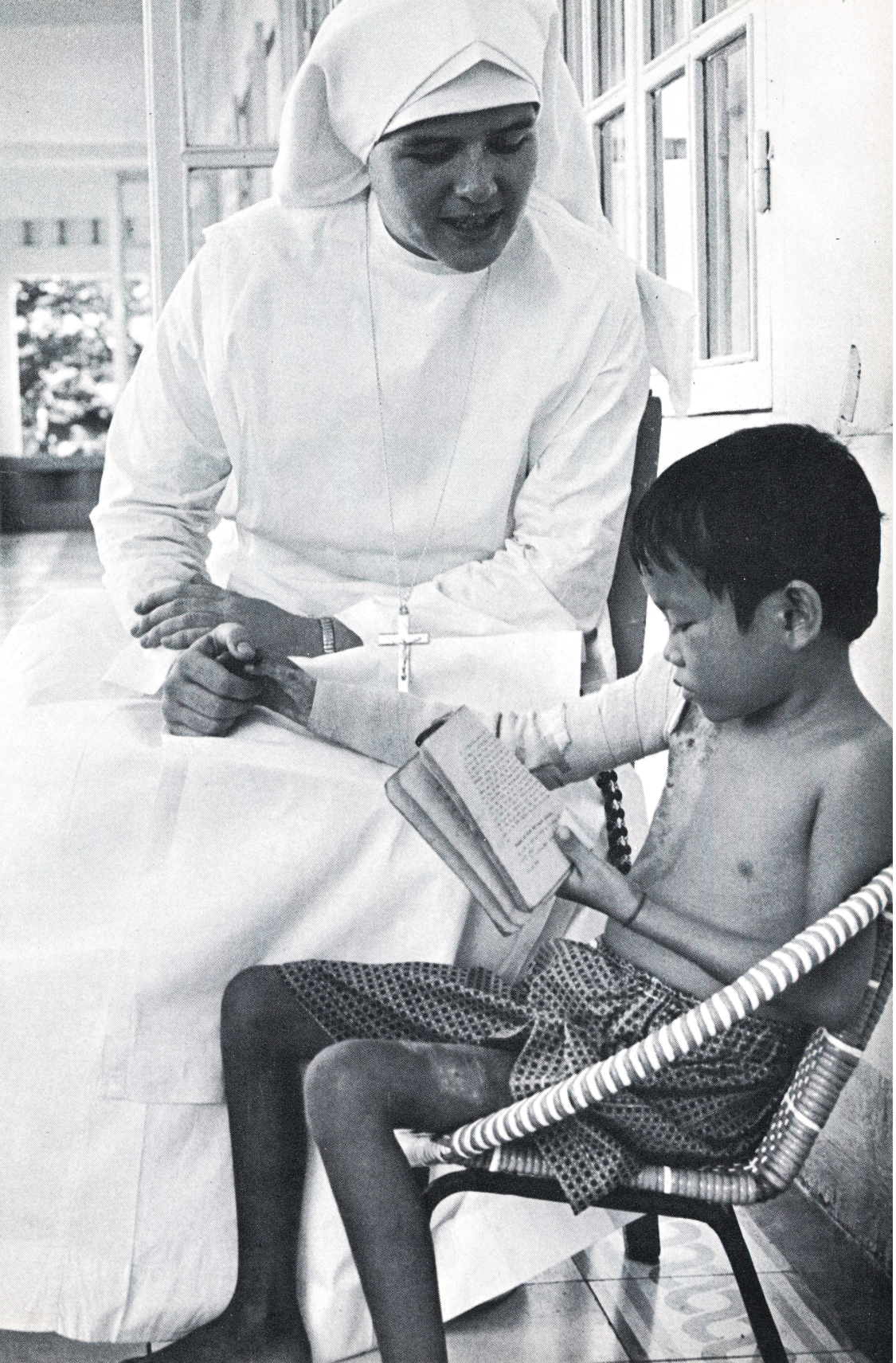
needs of Christ. Mary, who sits at His feet and LISTENS to Him is said to have chosen the better part.

Is this not a warning that we must take time to listen lest we go overboard in the physical curing and forget the Kingdom of God?

Judas is lost because Christ is listening and waiting, and Judas has nothing to say. The rich man is condemned because he does not listen to the needs of the beggar Lazarus.

What are the implications for the mission doctor and others finding themselves swamped in trying to stem the tidal wave of misery? His initial response to the staggering medical problems in undeveloped countries is conducted at disaster levels. He and the staff work at a fevered pitch, putting forth all their energies to meet the most pressing and urgent needs of the moment. In this first heat there is little time to console the grieving mother, the newly orphaned child, no time to think of prevention, no time to heal broken hearts.

Disaster demands an immediate response, but how long can this urgency of the moment be sustained? How long should it be sustained? The soft moaning of mental anguish, the silence of desolation and desperation is drowned out by the shrill cry of physical ills. Only if we pause



Sister Lourdes,
Dacca,
East Pakistan.

Sister Antoinette,
Bombay,
India.

Sister Pierre,
Rawalpindi,
West Pakistan.

to listen will the silence and soft moans "get through."

"Emergency," "urgent," "disaster" connote an acute situation, not a lasting one. What seemed acute becomes chronic, no less serious, but deserving of a calmer approach.

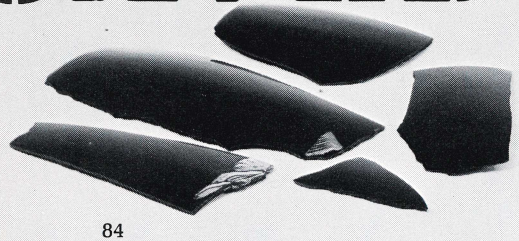
Man differs from animal in his ability to plan. Reflex and instinct become subordinate to intelligence. At the site of every disaster is the sign to STOP, LOOK AND LISTEN, often unnoticed at the moment but nevertheless present. To his reflexes and instinctive responses man must bring his human responses, taking into account immediate and long term values. Some will remain in the outer orbit of overall disaster control but others must approach on a person-to-person basis. If this is not done, not only will no lasting effective "cure" be brought about, but there is great likelihood of the situation being made worse, a crippled giant chasing its tail. Attempting a solution at disaster level only is a denial that "persons" are involved.

There is ample evidence that in all too many instances medical missionary effort has overextended its facilities, so that the doctor no longer has time to listen to his patients. He hears their complaints, and that fleetingly. But to listen is to love, and love involves the whole man. The good Samaritan loves his neighbor by binding up his physical wounds, clothing his humiliation and vulnerable nakedness, and lastly restoring him to the warmth of the human family by providing shelter for him. In the words of the modern vernacular, he gives TOTAL CARE.

This is why dumping tons of wheat and providing millions of contraceptive devices will never solve the problem. Tending only physical ills merely aggravates the problem. We must love. We must listen to others as we would have Christ listen to us. In the words of St. Vincent de Paul, "It is by your love alone that they will FORGIVE you the bread you give to them."

The complexity of the problem is that there must be many "I's" responding to many persons and many "I's" responding to the same person . . . doctors, technicians, nurses, front office personnel, etc., responding to individual needs. Time is of the essence in this individual approach. Time must be made available. This can be done by recognizing there is a limit to the number of persons you can reach. Merely touching is not enough. Yes, cure has been effected by a laying on of hands, but never without taking time to listen. We must take time, make time, be given time to *listen.*

SAVED!



By Sister Sheila Marie

Tet is the most important of all the Vietnamese holidays. It is the celebration of the new year. Preparations are long and complicated, for all aspects of daily living must be taken into account to see that nothing upsets the complete joy and carefree atmosphere of the first three days of the year, particularly the first. Anything signifying sadness or misfortune must be eliminated.

This year we had an incident in our out-patient department that proved this point. About a month prior to Tet, a 14-month-old boy pulled a pot of boiling water off his mother's work table. Luckily, though it spilled on his head, he was not burned too badly. His mother rushed him to the hospital and he was admitted to pediatrics. After two tearful days (mama's tears!) the child was taken home to be brought back daily for change of dressing. The family was very faithful in bringing the child to the clinic, and they were relatively patient with the burns which were clearing up nicely, but slowly.

The day before Tet, we had our problem. Lien, the aide who helps with the dressings in the clinic, came to me and said, "Cu's mother won't let me bandage his head today. She just wants the medicine and then she will take him home." I thought that she must have been getting weary of the treatments, so I went to see what was the problem. I soon discovered it wasn't the daily treatment. It was

To listen is to love, and love involves the whole man.

the color of the dressing! She did not want her son's head wrapped in white during Tet. In Vietnam, when a member of the immediate family dies, all the relatives wear a white band of mourning around their heads for varying periods of time, depending on the closeness of the relation. The woman was rightly concerned. People would think the family was in mourning. To be in mourning during the days of Tet would indeed be bad luck, for no one would want to visit you, and you would have to be very careful whom you visited lest you be blamed for any or all bad luck that might occur during the entire year.

Since this little son had already brought woe on the family by the original misfortune, they wanted to take no chances with the new year. I tried to think what we could do to help them with this problem and, at the same time, keep the damaged area clean. All of a sudden, I had an idea. In the last supply of roller bandages that I had received in central supply, there were some lovely baby blue ones that some kind benefactor in the States had patiently rolled from an old blue sheet. I asked if blue would do. That was fine, anything but white. Lien and I very carefully hid the white vaseline gauze and "4" by "4's" with the loveliest blue turban that ever walked out of our treatment room! Cu and his mother were saved from a lonesome Tet.

PEACE BE TO THIS HOUSE

Thousands dying claim my notice, but the one in my arms claims me.

By Sister M. Francine

I never knew her name until after she died.

When I raised my head at the sound of the shuffle of soft slippers outside the inquiry window, my eyes met those of a middle-aged Punjabi man doubled over, I thought at first, with pain. Then I noticed the woman he carried on his back. He stood in the stooped position so familiar to us who used to play piggyback when we were kids. But here it is no game. It is the stretcher of the poor.

"Doctor ko dikhana hai." (We want to show her to the doctor.) As I rushed for the wheelchair I remembered, "We haven't an empty bed in the hospital for her." We had been asking ourselves if perhaps there were honey on the doorstep, the way the patients were pouring in. We were filled to capacity.

The woman was breathing heavily, her large eyes wide open, intense. I settled her in the chair. There was a terrible beauty about her. Gaunt, worn paper-thin by overwork and under-care, looking twenty years older than she was, she waited patiently while I skimmed the note her husband (a much better preserved piece of humanity) thrust into my face.

One of the parish priests had written: ". . . very anemic. Miss Van Kamp has cured her once before, some one-and-a-half years ago. It is the same old story again. The husband has been very silly and negligent by going to all kinds of *hakims*. I gave him a big lecture yesterday. Now he is talking of selling a cow which he owns in the Punjab to pay for real care for her. Would you please do the needful?"

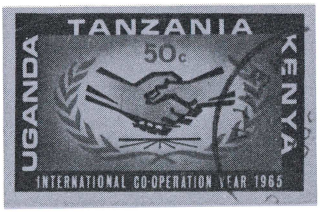
"Do the needful" . . . that coverall phrase that concludes every letter!

Just then Sister Ruth whizzed by (one of the staff calls her "Quick Spring Breeze"). Taking in the situation more professionally than I, she said quickly, "Call the priest first . . . then the doctor." Taking my go-ahead sign, the receptionist wheeled the patient down the hall with the husband and son close behind, while I hurried into the parlor where I had seen a priest conferring with our Sister-doctor.

In two minutes we were all gathered around her wheelchair in the emergency room. Father began, "Peace be to this house . . ." There was no panic in her face, only all the calm that had borne her through the pitiably little her birthright had allotted her. Her grey hair fell softly around her face, the dirty *dapatta* was askew, her large eyes seeing, waiting. Did she know He was coming for her then? Did she know that there was no need to see the doctor? She obligingly closed her eyes for Father to cross them with oil, then opened them again to watch him carefully as he in turn anointed her ears, her nose, her mouth. She opened her hands when we asked her to, and Father placed the oil on the hard, worn palms. I stooped with Father to anoint her feet. They were badly swollen. I had noticed a tear rolling down her cheek as we bent down. When we straightened up, she was gone. He had placed the oil of salvation on her feet and she had walked away into a full life at last. I have seen many deaths now, and yet I can never fully fathom how one can sit up and talk one minute and be merely an empty temple the next.

Her husband didn't sell that cow. Blessed are the poor for theirs is the kingdom of heaven. I didn't have to find her a cot in the corner of the ward. Blessed are the poor for theirs is the kingdom of heaven. Her name was Zainab Bibi w/o Sardar Butta. Blessed are the poor for theirs is the kingdom of heaven.

POSTMARKED from our houses



UGANDA

Man of Faith

Antonio came to us last week from Mwenge, about 30 miles away, with an enormous maxillary tumor. He is a man of sincere faith. Whenever I stop by his bedside, I find him saying his rosary or praying to the Uganda Martyrs. Antonio was scheduled for surgery on Monday, and on Friday he asked if we would arrange to have a High Mass offered at the Cathedral on Sunday, saying, "Sister, please ask Father to say the High Mass for me because on Sunday there will be many people at that Mass and so I will then have many prayers." He was perfectly resigned to death, convinced that if he did survive the operation it would only be because of God's intervention. He was a very great risk. We expected a large amount of bleeding, which he had, but his 2½ lb. tumor was removed successfully. He is now almost a week post-op and actually doing very well. I'm sure one of his biggest sacrifices is not to be able to receive Our Lord in Communion. He has severe edema and is unable to swallow, is fed by nasal tube and has a tracheotomy. Even with all of this he is the most patient soul. I am really edified by the manner in which he has accepted his sufferings.

Sister M. deMontfort
Holy Family Hospital, Fort Portal

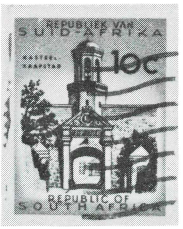
VIETNAM

New School of Nursing

We hope to get the school of nursing under way in July. We will follow the government curriculum for the nurse assistant program which is a 12-month course. The Vietnamese nurse assistant is similar to the practical nurse in the States. We are beginning this way with the idea of progressing to a three-year nurse technician program in two or three years, when we are better able to conduct a program of this type. At the present time, USAID is assisting the Vietnamese government in conducting two schools of nursing (three-year program), one in Saigon and one in Hue. These are the only two schools of nursing offering the three-year program in all of South Vietnam. The one-year program is being conducted in Saigon, Hue, DaNang, and in Can Tho. These are all connected with government hospitals. The shortage of trained nurses in Vietnam is very acute. Diseases of all kinds are prevalent. Now with the war wounded added to it all, the government is trying to relieve the shortage of qualified nurses by starting more of the one-year nursing programs. Our new school will be a big step toward meeting this desperate need.

Sister M. Brendan
Holy Family Hospital, Quinhon

WASHINGTON, D.C., MOUNTAIN VIEW, CALIF. ■ **VENEZUELA**— MARACAIBO, CARIPITO, JUDIBANA ■ **GHANA**—BEREKUM



■ **CONGO**—MPENDZWA, KIRI ■ **MALAWI**—PHALOMBE ■ **KENYA**—NANGINA ■ **ENGLAND**—SOUTH SHIELDS, OSTERLEY

INDIA

The Chota Nagpur Region

After hearing about Mandar for so many years, it really was a thrill to come here. Father Dincher took me to the Tuesday Bazaar—30,000 peoples of different tribes come for this. It is an impressive sight, so colorful and interesting. I saw them selling silk worm cocoons, everything from the stone age to modern western clothes and sugar cane on the stalks. Father is building a new church right here among these people. All the pastors before him for the last 98 years have been saving for this, and begging money for it. Imagine, begging for 98 years to build a church!

I went to the parish church for Mass yesterday to see the people and hear them chant their parts of the Mass. It was pretty cold. Few people had shawls, only thin *saris* on the women and poor *dhotis* on the men. There were about 500 people present at the Mass, and of that number, only two women went up at the offertory to make an offering. All they could give was a little handful of rice. In the collection basket, I think hardly five people put in a few *pice*.

There is great poverty throughout the Chota Nagpur region. The rice crop is very poor because there was hardly any monsoon this year. No water is the cry all over this area. I never realized before why the Sisters spoke so much about the farm in Mandar. Now I see. It is the source of food for so many—our 92 nurses, the patients, the Sisters, the workers. At the market yesterday I saw the blossoms that the people get from the Mohera tree. They looked like a mass of brown, sticky popcorn balls. The people eat this for food. I saw women sweeping up leaves outside our hospital gate, gathering some scraps to make a fire in order to keep warm. Poverty is a heavy burden here.

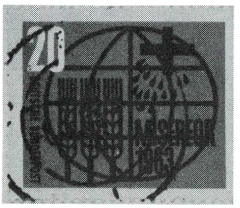
Sister M. Angelica
Holy Family Hospital, Mandar

GHANA

Sakari was His Name

Sakari Dagomba died a few days ago. Quiet, gentle, kind, devout, he was loved by everyone. Sakari came to the leprosarium seven years ago. After awhile he settled into the daily routine of medicine, roll call, farm work, eating and siesta. He did not join the others at the evening classes, as he felt that he was too old. It was noted that he never had any visitors nor did he receive any mail. This is not too uncommon for those who come from the north, as many do not keep up contact with their relatives. Last month Sakari was admitted to the ward with a severe heart attack. This was followed by two others. It was a simple task to

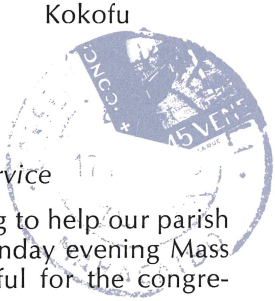
TECHIMAN, KOKOFU ■ **UGANDA**—FORT PORTAL ■ **PAKISTAN**—RAWALPINDI, KARACHI, DACCA, MYMENSINGH



■ **GERMANY**—ESSEN ■ **HOLLAND**—HEERLEN, UTRECHT ■ **INDONESIA**—MAKASSAR, SURAKARTA, PARE-PARE, LAWANG

prepare him for death. He had been faithful daily to his Mohammedan prayers and feasts. He assured us all that he was ready to go. He said that there was no one to notify, as most of his family and friends had preceded him in death, and that this had been his home for a long time. So he was buried in the small plot under the palm trees. His fellow patients dug the grave, prepared him in the coffin and everyone joined in the prayers and hymns. His few possessions were given to his friends in the Settlement. After a few days a marker was placed on his grave. Life in Kokofu is simple.

Sister Marianne
Kokofu



VENEZUELA

Community Service

We are trying to help our parish priest make Sunday evening Mass more meaningful for the congregation. It all started when we invited Father Luzardo over for supper one night. He told us all the problems he was having in keeping his parish going, most especially his concern for the lack of active participation among his parishioners. Since Father is the only priest in the parish and newly appointed to the post, you can understand his anxiety. Among ourselves we decided we could help out at the Sunday Mass by teaching the congregation the Spanish hymns that we know. There are two Catholic schools in the same parish and we asked the Sisters there to join forces with us. They were most happy to do so. Since Holy Week was upon us, we concentrated on that first. A Mercedarian Sister and our own Sister Mercy took turns in practicing with the people before the services. Mimeographed copies of the hymns were passed around and Sisters were scattered throughout the congregation to give a little extra impulse to the singing. There was real enthusiasm

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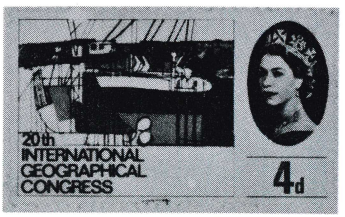
■ **INDIA**—PATNA, MANDAR, BOMBAY, NEW DELHI, POONA, KODARMA, THURUTHIPURAM ■ **VIETNAM**—QUINHON



INDIA—BHARANANGANAM, CHANGANACHERRY, KOTTAYAM, ITHITHANAM, MUNDAKAYAM ■ **PHILIPPINES**—LIPA CITY

among the parishioners. It reached a peak at the Vigil Service on Holy Saturday. Everyone was so responsive and the Alleluia was a cry of joy. We hope this joint venture in community participation will continue throughout the year.

Sister Pablo and Sister Otilia brought candles to the vigil service and carried the new Easter flame back to the hospital. We were quite a picture riding through the streets of Maracaibo with our Easter light!

Another bit of news—our chief Creole surgeon was named *Ministro de Sanidad y Asistencia Social* (comparable to our Secretary of Health and Welfare). Dr. Alfonso Araujo Bellonso has been with us for the past ten years and we are all quite proud that he has been made a member of President Leoni's cabinet. All the government hospitals and clinics fall under Dr. Araujo's responsibility, so he has a big job.

Sister M. Joseph
Coromoto Hospital, Maracaibo

PHILADELPHIA

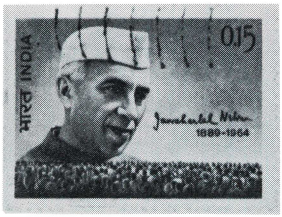
Prize Winner

Sister M. Eloyse, third year student at Philadelphia College of Art, won recognition from the Philadelphia Club of Advertising Women when her entries took three of the seven art awards at the 13th annual WOMEN IN ADVERTISING exhibit in April. Sister's series of torn-tissue collages illustrating themes from the life of the Blessed Virgin took both first and second place for Illustration. Sister Eloyse was also awarded second place in the Creative Direction classification. The prize winning series appeared as inside cover designs for the 1966 issues of the MEDICAL MISSIONARY.

VIETNAM

On the Move

Two weeks ago, the refugee camp across the road from our hospital started coming down. By now, all that is left are the cement floors that were poured in by the people, probably with the idea this dwelling would be permanent. The refugees have gone to various places. Several of our employees lived in the camp. When we asked where they were moving, their answers were rather vague. Some didn't seem to know exactly where they would be going. Some who moved far away had to quit work at the hospital. Because of things like this, it's very difficult to maintain a permanent staff. Even in my eight months here, I've noticed a terrific turnover in cleaners, gate-men, aides, etc. It's a real drain on the Sisters who are constantly training and re-training without any seemingly permanent results. More tumbledown shacks have been added



to our neighborhood, however, along the road that leads to the new pier. The road is lined with bars and restaurants where the people have gradually torn apart the barbed wire. Each night we fall asleep to the blaring strains of either traditional Vietnamese music, which to me bears great resemblance to hillbilly music, or traditional American rock and roll. The music comes from radios running on electricity which has been tapped off the city street wire!

Sister M. Jessica
Holy Family Hospital, Quinhon

GHANA

Hang Up and Wait

This morning I really accomplished something. I got through to both Kokofu and Techiman on the telephone, and it only took three hours to complete the transactions. Techiman hospital does not have a phone, so the ordinary procedure is to place the call with the Techiman post office by 8 A.M. Then the postman sends a messenger to Sister Paula at the hospital about two miles away, telling her to come to the phone. When

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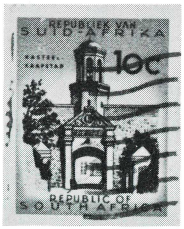


we want to place a call, the chances are one in five that we will get through at all. Often the lines are down. Augustine, the house boy, begins the initial stage of any phone call. The operators have trouble understanding our American accent, but when he barks into the mouthpiece in Twi, they really get the message. He does not do much housework, but he is invaluable because of this talent. When the call is placed, the next step is to hang up and wait. Will it or won't it get through? When my particular call was returned in less than an hour, Augustine was as triumphant as Alexander Graham Bell on his initial invention. Sister Paula and I shouted at each other as if we were making a transatlantic call without benefit of wires or cables. Then within another two hours, I got the Kokofu call. The community congratulated me that I had had an unusually successful day.

Sister M. Raphael
Holy Family Hospital, Berekum

PHILADELPHIA

Sister Is First Fellow

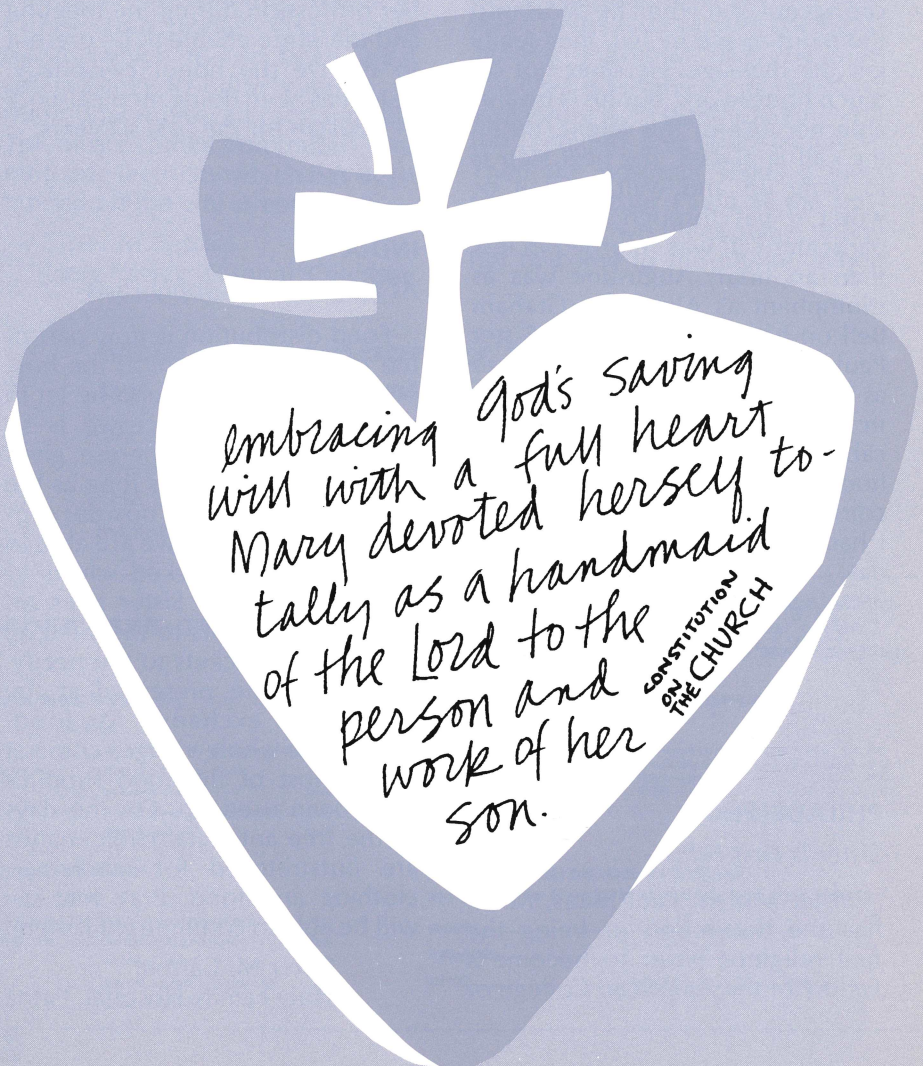
Sister Miriam Paul Klaus, M.D., has the distinction of being the first religious Sister to become a Fellow of the American College of Obstetricians and Gynecologists. Her installation took place at the 15th annual clinical meeting of the College at the Hilton in Washington, D.C., in April. On the staff of Holy Family Hospital in Dacca, East Pakistan, Sister was at work in her profession during the meeting and therefore unable to be present to receive the honor personally. Sister has been doing medical work in Pakistan for the past six years.

INDIA

As Long as the Supply Lasts

Food distribution is now part of the daily routine here at the hospital. The people have to be let in one by one as the crowd is so large. Sister Marie Therese gives out food every day, as long as the supply lasts. The milk powder supply is finished. Now we are able to distribute only cracked wheat or corn meal. When Sister goes on public health visits to the villages, she gives out tickets to the needy. The tickets are presented at the hospital in exchange for food. Sometimes whole villages come at once. Most of the food supplies have been used up. On the days of the free antenatal clinic, hands are outstretched for medicines, clothing and food. Pray that we will be able to continue to fill them.

Sister M. Carmel
Holy Family Hospital, Patna


embracing God's saving
will with a full heart,
Mary devoted herself to-
tally as a handmaid
of the Lord to the
person and
work of her
Son.
CONSTITUTION
ON
THE CHURCH

HIGHLIGHTS

"A truly Christian life is first and foremost a witness which a Christian, following the renewal of the Council, must give with greater awareness and more. determined will. A Christian must show that he is a Christian by his manner of living, even before people hear him speak. This quiet and innate apostolate of example is. accessible, binding on all, and needed now more than ever. It is necessary to preach in silence with the simplicity and splendor of one's own conduct . . . The faithful live in the midst of society; even before carrying out active apostolic labors they must illuminate the world around them with their own secret: their faith. Their lives must be seen as solidly based on the true, good, honorable and felicitous pattern of Christ's own life."

Pope Paul VI

"Another element in our respect for the concrete life of man, and therefore another element in our spirituality, is our capability for listening and learning—for remaining open to reality. If, for example, I find myself in a strange culture, my first reaction will not be to criticize or to make over that culture in my own image and likeness. In this new situation I will try, by listening, to find out what is there and to be open to whatever it is. Christ, in His humanity, did this . . . He had to learn what human living was; He had to listen to life . . . Similarly, the Church — that is, Christians—must go out and learn what people really are, before it can tell them how they can become more than they are."

Bernard Cooke, SJ
CHRISTIAN INVOLVEMENT

"Meaningful relationships I would define as loving relationships. It is in this context that man experiences health, growth and fulfillment. In the absence of loving relationship, he becomes distorted, sick and unfulfilled."

Frederic M. Norstad
Lutheran Institute of
Human Ecology

No one has, as yet, been able to give an adequate answer to that basic question: "How are we in the developing countries, take India for example, able to save the genuine values of our way of life and still utilize the technological advances of our time to bring about social and economic development of such a type that a society, retaining the religious and moral strength of a spiritual community, can be created?" The process of "development" is, we could say, two-sided. It is now generally accepted that those who want to guide the process of development, intellectuals and others, must allow greater freedom, initiative and responsibility on the part of the masses in the developing countries. For the more autonomous

& INSIGHTS

HIGHLIGHTS

(indigenous) this process is allowed to become, the less problematical will this human adventure be.

PAZ ROMANA JOURNAL, 1966

It was said of Jesus Christ that "He went about doing good." His healing ministry is often thought of in such terms, the offering of compassion by a supremely sensitive and considerate person, but many references in the Gospels make it clear that for Him there was a deeper, more moving motive than an elevated humanism. His preoccupation with healing to the point of exhaustion, his conversations with patients and with bystanders, his marching orders to his followers all indicate that for Him healing had a profounder significance. It was for Him both the immediate and direct activity of God and a demonstration that the relationship of the Creator to humanity and to every individual is therapeutic and redemptive.

NEWSLETTER of the
Christian Medical Council,
January, 1966

The worldwide medical aid programs of the U.S. Protestant and Roman Catholic mission enterprises are preparing to join forces. The announcement was made following a four-day meeting of the National Council of Churches policy-making general board. Survey teams from the Council's Christian Medical Council are already in the field in Africa and Asia working with Roman Catholic representatives to amass data on facilities and health problems. This is seen as a step toward eventual integration of the two medical programs in more than 80 countries.

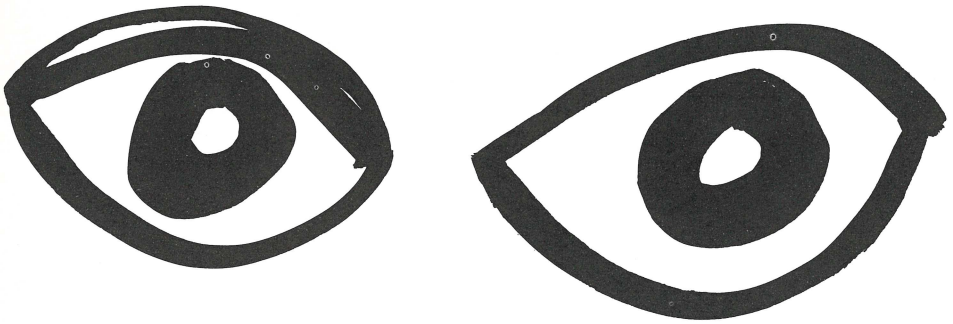
AMA News
March 13, 1967

"Awakening to the supreme value of relationships is indeed not only a sign of adulthood: it also marks the presence of psychic health. It is a sign of the presence of the Spirit. The awakened Christian has come to see his brothers as something infinitely more than a neutral aggregate of 'the others.' Were such the case, the Christian would stand in the realm of the blind man of the gospel who 'saw men like trees, walking.' Such eyes are still unhealed; they are not capable of judging reality. A further healing is absolutely necessary before such a man can stand within the seeing community and take up life as an awakened conscience. Until man is healed with the healing of Christ, he is congenitally unable to discern his brethren, to judge their need and to respond to it."

Daniel Berrigan, SJ
"Notes on Renewal"
GRAIL REVIEW, 1964

& INSIGHTS

Mark 10:46



"And many rebuked the blind beggar,
telling him to be silent, but he
cried out all the more:
'SON OF DAVID, have mercy on me.'
And Jesus said to him,
Receive your sight,
your faith has made you well.

*Ricci

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